PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 10043,648													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			24				R/	TE	FEE	1	RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2 L/ minus 20=		*		XS	9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*		X4	12=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+1	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		•
0	-29-65	(Column 1) CLAIMS	1.	(Colu			SMAL		ENTITY	OR 1	SMALL ENTITY		žnz.
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM	IBER OUSLY	PRESENT EXTRA	. P.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Ö
	Total	• 24	Minus _.	* é	14	= /	XS	9 =		OR	X\$18=] 2
	Independent	. 3	Minus	***	3	= /	X	12=		OR	X84=] }
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	40=.		OR	+280=		7471770
								TOTAL		OR	ADDIT, FEE	Maria Commercia	
		(Column 1)			mn 2)	(Column 3)				<u>.</u>		•	} {
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST 18ER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	֓֞֞֞֓֞֓֓֓֓֞֜֞֜֜֡֓֓֓֓֜֡֜֞֜֜֜֡֓֡֡֡֡֡֡֡֡֡֡
	Total	•	Minus	**		=	X	9=		, OR	X\$18=		
	Independent	•	Minus	***		=	X4	12=		OR	X84=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									οŘ	=∓280 ≥ =	Department of the	K EGON
		•						IOTAL T. FEE		OR	TOTAL ADDIT, FEE	·	1
(Column 1) (Column 2) (Column 3								I. FCC			ADDII. I EL	-	1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
	Total	*	Minus	trà:		=	XS	9=	,	OR	X\$18=		1
	independent	*	Minus	***		2.	X4	12=		OR	X84=		1
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		1	+280=		1
•	* If the entry in column 1 is I so than the entry in column 2, write "0" in column 3.									OR	+28U=		-
**	* If the entry in column 1 is 1 ss than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number